



College of the Redwoods Adult & Community Education

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REGISTRATION FORM

Office Use Only

ID # _____
Initials _____
Date _____
Receipt # _____

Full Legal Name:

Last

First

Middle

Are you currently, or have you previously, taken classes at College of the Redwoods? Yes No

Alternate Names Used:

Birth Name

Married Name

Other

Address / City / State / Zip (include Apt, Unit or Space #, if applicable):

Phone Number(s) please include Home and Cell:

Email:

Email Newsletter Yes No

How did you hear about this class?

Date of Birth (required)

SSN (required if you're a new student)

Student ID

Section #	Course Title	Date	Time	Location	Fee

Are you employed? If yes, Please complete this section Yes No

Name of Employer: _____

Company Contact: _____ Company Phone: _____

Company Mailing Address: _____

Payment Method: Cash Check Credit/Debit Card Nelnet* Sponsorship**

Sponsor: _____

Phone: _____

**requires additional documentation

Contact: _____

Sponsor Email: _____

Visa/MasterCard/Discover #: _____ **Exp. Date:** _____

Name As It Appears on Card : _____

Billing Address: (include City, State and Zip): _____

Phone #: _____ **E-Mail Address:** _____

Please note: 1) Payment is due at time of registration. 2) *Programs eligible for a payment plan through NelNet require additional processing.

3)Sponsorship requires additional paperwork and processing**